

**City of Tiffin, Ohio**  
**INCOME TAX DEPARTMENT**  
**BUSINESS & INDIVIDUAL QUESTIONNAIRE**

Name of Business/Individual: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Type of Ownership:    ☐ Individual/Sole Proprietorship    ☐ Corporation    ☐ \*Partnership    ☐ \*LLC  
                                 ☐ \*Sub Chapter S-Corp    ☐ Non-Profit    ☐ Other – specify \_\_\_\_\_

\*If registering a pass-through entity, please fill out page 2.

Federal ID Number/Social Security Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Location of Job Site: \_\_\_\_\_

Name/address of previous owner (if applicable): \_\_\_\_\_

Number of employees working in Tiffin: \_\_\_\_\_ Date business started in Tiffin: \_\_\_\_\_ Date of first payroll: \_\_\_\_\_

Accounting period for federal income tax purposes:    ☐ Calendar Year    ☐ Fiscal Year Ending: \_\_\_\_\_

Tax forms are no longer mailed except upon request. All forms are available on the City of Tiffin website at [www.tiffinohio.gov](http://www.tiffinohio.gov) or you may file your returns via the Ohio Business Gateway at [www.business.ohio.gov](http://www.business.ohio.gov).

Address for net profit account:

Name: \_\_\_\_\_  
C/O: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Address for withholding account:

Name: \_\_\_\_\_  
C/O: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Will you be using a third party to process payroll?    ☐ Yes    ☐ No    If so, what company? \_\_\_\_\_

(For Contractors Only) Will some of the work be subcontracted to others?    ☐ Yes    ☐ No  
If yes, please submit a list including names, addresses and phone numbers.

The information hereby submitted, including any accompanying lists and statements, is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Mail completed form to:

If you have questions, contact:

**Tiffin City Income Tax**  
**P.O. Box 518**  
**Tiffin, Ohio 44883**

**Tiffin City Income Tax**  
**Phone: 419-448-5405    Fax: 419-448-5406**  
**E-mail: [Ineeley@tiffinohio.gov](mailto:Ineeley@tiffinohio.gov)**

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This page to be filled out for pass through entities only.

Please provide the following for each owner/partner/shareholder:

Owner name \_\_\_\_\_ % of business owned \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Social Security Number/Federal ID Number \_\_\_\_\_

Owner name \_\_\_\_\_ % of business owned \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Social Security Number/Federal ID Number \_\_\_\_\_

Owner name \_\_\_\_\_ % of business owned \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Social Security Number/Federal ID Number \_\_\_\_\_

Owner name \_\_\_\_\_ % of business owned \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Social Security Number/Federal ID Number \_\_\_\_\_

Owner name \_\_\_\_\_ % of business owned \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Social Security Number/Federal ID Number \_\_\_\_\_

Owner name \_\_\_\_\_ % of business owned \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Social Security Number/Federal ID Number \_\_\_\_\_

Owner name \_\_\_\_\_ % of business owned \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Social Security Number/Federal ID Number \_\_\_\_\_

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